

DECLARATION AND POWER OF ATTORNEY FOR U.S. PATENT APPLICATION

Original Supplemental Substitute PCT Design

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE: TRANSFER MOLDING APPARATUS AND METHOD FOR
MANUFACTURING SEMICONDUCTOR DEVICES

of which is described and claimed in:

- the attached specification, *or*
 the specification in the application Serial No. _____, filed _____,
and with amendments through _____ (if applicable), *or*
 the specification in International Application No. PCT/_____, filed _____,
and as amended on _____ (if applicable).

I hereby state that I have reviewed and understand the content of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (and §172 if this application is for a Design) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NO.	DATE OF FILING	PRIORITY CLAIMED
Japan	10-215602	July 30, 1998	Yes

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Full Name of 4th Inventor	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
Residence & Citizenship	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP
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Residence & Citizenship	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP
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I further declare that all statements made herein of my own knowledge are true, and that all statements on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1st Inventor Hiroyuki NISHI Hiroyuki Nishi Date Jan. 11, 1999

2nd Inventor Akira SUGAI Akira Sugai Date Jan. 7, 1999

3rd Inventor _____ Date _____

4th Inventor _____ Date _____

5th Inventor _____ Date _____

Applicant Reference No.: F-2017-US-ED (OA0071US)

Atty Docket No.: _____

APPLICATION SERIAL NO.	U.S. FILING DATE	STATUS: PATENTED, PENDING, ABANDONED

And I hereby appoint Raymond C. Jones, Reg. No. 34,631 and Adam C. Valentine, Reg. No. 33,289, members of the firm of JONES & VOLENTINE, L.L.P., jointly and severally, attorneys to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith.

I hereby authorize the U.S. attorneys named herein to accept and follow instructions from _____ as to any action to be taken in the U.S. Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys and myself. In the event of a change in the persons from whom instructions may be taken, the U.S. attorneys named herein will be so notified by me.

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Post Office Address	ADDRESS	CITY	STATE OR COUNTRY ZIP CODE